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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	82-0)
	County Soulrass	Registration Dist. No. 2
	Village or City DEALS ISLAND, MD. (If	No. St, Wai
	Length of residence in city or town where death occurredyrs, Amos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?yrsmos
9	mag	m
Z	FULL NAME // CONSULTA	0. 11/2-1
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR BACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (revite the word)	21. DATE OF DEATH OCT 18 1932 (Year)
Sa.	If married, widowed, or divorced HUSBAND of (or) WIFE of 2 Pawduson	22. I HEREBY CERTIFY. That I attended deceased fr
i. C	DATE OF BIRTH (month, day, and year)	I last saw h _ alto or a / f
7. A	IGE Years Months Days If LESS than	to have occurred on the date stated above, at
	61 1871 May 16 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Akoklery
OCCUPATION	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0	10. Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) MA Vernay (State or country) may any day of	Other Coatributory Canses of importance:
۲ ۲	13. NAME alfred Sepo Oce	and the total
r	14. BIRTHPLACE (city or town) 222 Vernon	Name of operation Oate of
L A	(State or country) marytand	What test confirmed diagnosis? Was there an autopsy?
7	15. MAIDEN NAME Susanne Milute	23 LL death was due to external causes (VIOL ENCE) fill in also the following:
MOINER	16. BIRTHPLACE (city or town) MM Vernort	Accident, sulcide, or homicide? Date of injury, 19
E	(State or country) maryland	Where did injury occur? (Specify city or town, county and Stata)
17.	INFORMANT & Girdesson 12	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
1,8.	BURIAL, CREMATION, GR. REMOVAL	Manner of injury
	Place New Man Oate 1951	Nature of injury
19.	UNDERTAKER Tred I Stelly (Address) Deals Estand	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED Q 7 2 193 L Cora W Letter Registrar.	(Signed) G. L. Danfrath M (Address) G. L. and of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

1. PLACE OF DEATH COUNTY STATUS AND STATISTICAL PARTICULARS DEFENORAL AND STATISTICAL PARTICULARS S. If married, wildowed, or oversed on the result of the properties of th	r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Willage or City or town where death occurred. Willage or City or town where death occurred on the date occurred on the d	sta U.P.	1. PLACE OF DEATH	46 11183
Willage or City or town where death occurred. Willage or City or town where death occurred on the date occurred on the d	CG E of	County Somerset	Registration Dist. No. 270
Length of residence in city or floww where death occurred. 2. FULL NAME 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED (water) body 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED (water) body 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED (water) body 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED (water) 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED (water) 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED (water) 4. SEX HEAT OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED (water) 4. SEX HEAT OF DEATH 4		Village or City Court Historian	No. Mª Cready Men. Hospitast, Wa
(a) Residence: No. Collaboration Collabor	ry ii NS	Length of residence in city or town where death occurredyrs,mos	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SIMICE, MARRIED, WIDOWS OR DIVORCED Carrie the word) OR D	Eve MAX eme	2. FULL NAME William J. Bell	
DOUGH AND	ORD.		
OR DIVORCED (white he word) OR DIVORCED (whi	BCC PH ract		MEDICAL CERTIFICATE OF DEATH
THE PRINCIPAL CAUSE OF BIRTH (month, day, and year) 1	27	OR DIVORCED (write the word)	/ 0 / 1932
AND STAND BY	MANE A C T	HUSBAND of A A A A	22. I HEREBY CERTIFY, That I attended deceased from
AND STAND BY	BIN ER EN EV cl	6. DATE OF BIRTH (month, day, and year)	3 0 1 24
SHALL SING of work dome, as SPINNER, Store Regard State of the south of the state of the state of the south of the state of the state of the state of the south of the state o	OR S A P ated	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
AND ALL BARN, etc. 10. Date secupation (month and per line) 11. Total time (years) spent in this occupation (month and per line) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL (REMATION, DR REMOVAL Place Mail (Address)). 18. BURIAL (REMATION, DR REMOVAL Place Mail (Address)). 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 21. SAW MILL, BARN, etc. 31. Total time (years) spent in this occupation. 32. Date of importance: 33. White importance: 34. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED 20. FILED	70	8. Trade, profession, or particular kind of work done, as SPINNER,	Cant Del 7 years . Sept 29
TOWN THIS occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 23. If death was due to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL (REMATION, OR REMOVAL Place REMATION, OR REMOVAL REMAINS REMOVAL Place REMATION, OR REMOVAL REMAINS	SRVI K-T hould may back	work was done, as SILK MILL, Store	
Name of operation. Name o	岛 日 · · · · ·	this occupation (month and spent in this	
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? Date of injury 19 Where did injury occur? Where did injury occur?	IN DIN		30
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? Date of injury 19 Where did injury occur? Where did injury occur?	RG NF/ plie rms nstr	II 13. NAME GLAGAR IV. Bell	
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Accident, suicide, or homicide? Date of injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Reduction M. & Cerns. Date Date. 3 and 1, 1932 Nature of injury 19. UNDERTAKER (Address) 20. FILED 21. 3, 1932 21. Was disease or Injury in any way related to occupation of deceased? (Address) M. Registrar. (Address) M. Registrar. (Address) M. (Address)	THE .	(State of country)	
17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Reduction M. C. Cerrs. Date Date. 3 and 1932 Nature of injury 19. UNDERTAKER (Address) 20. FILED 21. 3, 1932 (Address) Registrar. Specify whether injury occurred in INDUSTRY, in HOME, of in Public Place. Manner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED 21. 3, 1932 (Address) Registrar. (Address) Manner of injury Nature of injury (Signed) (Signed) (Address) M. (Address)	refr in tan	I I MAIDER HAME UNIA STATEMENT	
17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Reduction M. C. Cerrs. Date Date. 3 and 1932 Nature of injury 19. UNDERTAKER (Address) 20. FILED 21. 3, 1932 (Address) Registrar. Specify whether injury occurred in INDUSTRY, in HOME, of in Public Place. Manner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED 21. 3, 1932 (Address) Registrar. (Address) Manner of injury Nature of injury (Signed) (Signed) (Address) M. (Address)	LY Ca	State or country)	4
Place Pethology Date Dit. 3 at , 1932 Nature of injury 19. UNDERTAKER John O. Brokeling (Address) 20. FILED Dit. 3 , 1932 Registrar. Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? (Signed) (Signed) (Address) M. (Address) M. (Address) M. (Address)	LAIN uld be 7 DEA	The transfer of the second sec	(Specify city or town, county and State)
(Address) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	TTE P on sho SE OI	n 1 + 0 co o to	
20. FILED Oct. 3, 1932 Collins (Signed) Euroge Queller M. Registrar. (Address) morrow may	LEOR		24. Was disease or Injury in any way related to occupation of deceased?
Acquirar. (Audiess) The Cart.		20. FILED Oct. 3, 1932 Collins	(Signed) Every Queller M.

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Example I	Port Annual Park	Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

SIMIL OF MARTERIES	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11184
County Lonespet	Registration Dist. No. 26
Village or City net, herson	No. St., Ward
Length of residence in city or town where death occurred Olfs. Uf mgs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Churles Dem	nds
(a) Residence: No. Prusius and (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Dela B. Maddey	22. I HEREBY CERTIFY. That I attended deceased from 304, 1932, to eccl. 5 9, 19.
6 DATE OF BIRTH (month, day, and year) Jaw. 26 1892	(Jest saw h 1 14 alive on Of 9 1932; death is said
7 AGE Years Mooths Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
40 9 9 00 min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, proparticular kind of work done, as SPINNER,	Julianne Lebuciel
SAWYER, BOOKKEEPER, etc	7 40
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Serverset	
(State or country)	
13. NAME John Donde	
13. NAME Show Bounds 14. BIRTHPLACE (city or town) Med.	Name of operation
(State of country)	What test confirmed diagnosis? Cleaner Was there an autopsy?
15. MAIDEN NAME Rechel Hell	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OLL Pamels	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Oricleur Cassel Rail	3
18. BURIAL, CREMATION, OR REMOVAL Place Mit Vanna Date 1932	Manner of injury
The first of the f	Nature of Injury.
19. UNDERTAKEN (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED DO 17 1932, Stephens Of the Ak	(Signed) They Sollially M. D.
Registrar.	(Address)
of more vients are needed, address flate Registrar,	2411 14. Countes Street, Dattimore, Requesting U. S. IVO. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Gallstones	May 1,1923	Gastroenteritis	1 year

	and the second s
If os.	Registration Dist. No. 270 Note Case Memorial or institution, give its NAME instead of street and number) death occurred in a hopital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
-	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH (Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from 1932, to Oct 7, 1932. I last saw h. L. alive on Oct 7, 1932, death is said
	to have occurred on the date stated above, at 7.11 Pem. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Eden They
	Eslampia. 2015.
	Other Coutributory Causes of importance: (1) Myssing & mulls
-	Name of operation Courses Seeling Date of Cof 7.3.2 What test confirmed diagnosis? Namel. Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
-	If so, specify (Signed) Classify Couldness. M. D. (Address) Andrews Total (Address)

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	Example II		
Date of onset		as follows:	Date of onset
1915	Attack of epilepsy	GBOL T AUN	1 week ago
1921	Run over by street car		1 week ago
July 5,1927	Peritonitis	GGMISOSS	3 days ago
	Other contributory c	auses of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July 5,1927	of importance were a 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory c	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL CDACE EOD EUDTHED CTATEMENTS DV DIVSICIAN

 BIACE FOR FU		A DICITION	

		STATE	OF MAR	YLAND-	CERI	IFICATE	OF DEA	IH 1	
1.	PLACE O	F DEATH				159			
	County S	omerset.			n		Registration D	iet No 2	70
	Village or C	it Custrel	d	3-1	the	Cuado M	emil of	1	
				(1	f death occurred	d in a hospital or institut			number)
	Length of resi	dence in city or town where	death occurred			How long in U.S. if o			
2.	FULL NA	ME Info	out lo	noun	16				
	(a) Residen	ce: No.			St.,	Ward.			
-4-	PERSON	AL AND STATIST	(Usual place					ve city or town an	d State
3. SI		AL AND STATIST			04 DAT		ERTIFICATE	OF DEATH	
3, 51	an	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	(write the word)	21. DA 11	E OF DEATH	Det	3	1
C	77	1/	sin	94			(Month)	(Day)	(Year)
5a. I	f married, widow HUSBAND of	ed, or divorced			22.	LUEDERY	CERTIEV	That I amondo	
	(or) WIFE of	gro	ne,		22.	I HEREBY			deceased from
6. D	ATE OF BIRTH	month, day, and year)	et x 14	32	I last saw h		19, to		double is said
7. AC			Days	If LESS than	-	urred on the date states			, ueath is said
	-	_	2	1 day, 19 hrs.	The PRINCE	IPAL CAUSE OF DEAT			
T	8 Trade profes	sion, or particular		ormin.	were as foll	lows:			Date of onset
S	kind of w	ork done, as SPINNER, BOOKKEEPER, etc.	none		1		0000	>	
AT	5. Industry or b	business in which			July	urus (nuca ()	
g	SAW MIL	done, as SILK MILL, L, BANK, etc.	٠,		Pass	14		+	
OCCUPATION	10. Date decease this occup year)	ed last worked at pation (month and	11. Total tip	ne (years) t in this pation					
		D	1 . 1 4	pation	Other Contr	ributory Causes of impor	rtance:		
12. B	BIRTHPLACE (cit	y or town)	and -		9.				
~	(State or coun	etry)		7	Ce	lujuig	1 mon	lued	
HER	13. NAME	trud 101	youn				<i>y</i>		
-	14. BIRTHPLACE		leston		Name of ope	eration		Date of	
-	(State or	country)	60	9	8	onfirmed diagnosis?			autopsy?
H	15. MAIDEN NAM	ME Com	at. Or	Codelino	9	vas due to external caus			
	16. BIRTHPLACE	(city or town)	elector		H	icide, or homicide?			
Σ	(State or	country)	0	71	II.	njury occur?	***************************************		
17 11	NFORMANT	Fred 12	coun		Specify whe	ther injury occurred in	(Specify city or to	wn, county and Sta	te)
****	(Address)		Luglet	-				.,	AUL.
18. B	URIAL, CREMATI	ON OR REMOVAD	Post	4	Manner of in	niury			*************
	Place Ty	aller ans.	Date	, 1932	Nature of in				
10 11	NDEDTAKED	John a Br	odstar			ase or injury in any wa	u related to con	on of descend?	
15. 0	NDERTAKER (Address)	Cuit	2400	4	If so, specif		y reserved to occupati	on or deceased?	
	- O-t	9 37	-61	11.	(Signed	390	10 Qu	elm	9 88 P
2D. F	LED COLO	192 6		Registrar.		(Address)	um?	20.	
No. Chang		7.0	11 1 1 1 1	11 6 5		and the same and the			

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Example I		Example 41	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		\aansa aansa	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

the bound confically may cover	1, date of Valle -	
	O MD	

item of inforstate OCCUPA should PHYSICIANS statement ECORD. CTL PERMANEN BINDING classified. certificate. properly FOR stated MARGIN RESERVED JO may back should no instructions supplied. in plain terms, See should be carefully important. very OF

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City CHANCE, MD (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred How long In U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 (Year) 5a. It married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) of LESS than 7. AGE Years Months I day, O. hrs. min. were as tollows Date of onset Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spant in this year) occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE/(city or town) ... (State of country) What test confirmed diagnosis? ____ Was there an autopsy?___ HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following 0 Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE AUSE mation NOIL Nature of injury 24. Was diseasa er injury in any way related to occupation of deceasad? 19. UNDERTAKER (Address) It so, specity B (Signed) Registrar. (Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	211	Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

V. S. No. 1

			F MAR	YLAND-	CERTIFICATE OF DEATH
	1. PLACE OF DEA	TH			131
	County				Registration Dist. No. 26
	Village or City	Mario			No. St., Ward
	Length of residence in c	ity or town where d	leath occurred 7	3 yrs. J mos	f death occurred in a horpital or institution, give its NAME instead of street and number) s. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	2. FULL NAME	James	B Burne	tt	
	(a) Residence: No.		. 1.		St., Ward.
atmo			(Usual place		If nonresident give city or town and State
_	PERSONAL AN		CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	44.4	OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Oct (Month) (Day) (Year)
5a	. If married, widowed, or dive HUSBAND of (or) WIFE of	orced	Burnett		22. I HEREBY CERTIFY. That I attended deceased from
6	DATE OF BIRTH (month, da	y and year)	ay 25 l	859	t last saw halive on
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at $\frac{Q}{P}$ m.
	7.3	5	4	1 day,hrs.	
NO	8. Trade, profession, or p kind of work done, SAWYER, BODKKE	particular , as SPINNER,	Parmer		Cut Del of Seut Date of onest
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	n which			
000	10. Date deceased last wo this occupation (mo year)	rked at onth and	spei	me (years) nt in this pation	
12.	BIRTHPLACE (city or town) (Stata or country)		110		Other Contributory Causes of importance:
~	13. NAME	Joshua	Burnet	+	- dune agrandelle
FATHER	14. BIRTHPLACE (city or to	own)	arion		Name of operation
-	(State or country)	Hes	tay Hyd	nici Av	What test confirmed diagnosis? Was there an autopsy?
HE	15. MAIDEN NAME		1	4	23. If death was due to external causes (VIOLENCE) fill In also the following:
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)			Accident, suicide, or homicide?
17.	INFDRMANT(Address)				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR F				Manner of Injury
	Place		Date	,, 19	Natura of injury
19.	UNDERTAKER ON MA	was	radsf	ay	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED 10/30	137 Clur	elea 19	dawson Registrar.	(Signed) Lough Doullows M. D. (Address) Marion M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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V. S. No. 1

	F MARYLAND-	CERTIFICATE OF DEATH	743
1. PLACE OF DEATH		(8)	111/
County Somma	1-	Registration Dist. No. 268	
Village or City length	los.	No. St., If death occurred in a hospital or institution, give its NAME instead of street and nurr	Wa
2. FULL NAME (a) Residence: No.	eath occurredyrs,mo	s. ds. How long in U.S. if of foreign birth? yrs. mos. ATE LIMITS OF St., Ward. If nonresident give city or town and Sta	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX female 4. COLOR OR RACE Culored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	93. Z (Year)
5a. H married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended dec	annual fr
(or) WiFE of	1 1 1 30 1922	22. THEREBY CERTIFY, THAT I attended dec	
6. DATE OF BIRTH (month, day, and year)	in dead	I last saw h alive on	
7. AGE Years Months	Days If LESS than I day,hrs.	mere as tollows.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and		no Physicia - Charge	Date of ons
		Burn sand.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	mount many	
12. BIRTHPLACE (city or town)	ma	Other Contributory Causes of importance:	
II 13. NAME Oulm. G	wenesh		
13. NAME Juhn 2 14. BIRTHPLACE (city or town) (State or country)	usfield mil	Name of operation Date of	
IS. MAIDEN NAME IS A	Ga Mine	What test confirmed diagnosis? Was there an auto 23. If death was due to external causes (VIDL ENCE) filt in also the following:	psy?
15. MATDEN NAME 16. BIRTHPLACE (city or town) (State or country)	ifield had	Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
17. INFDRMANT Emma (Address) Elicis	lile ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, DR REMOVAL Place for from from	Date Och 32 ,1932	Manner of injury	
19. UNDERTAKER(Address)		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Och 30, 1932 le	Elalle. Registrar.	(Signed) le Elevelins H	70, M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Date of onset	The animal areas of doubt and malet decree	
Date of ouser	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car Inly 5,1927 Peritonitis Other contributory causes of importance:

Le	berth	Certificate	by chance in	date	
			5	and	
				2	

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Cerebral hemorrhağe	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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V. S. No. 1

STATE O	MARY	AND-CERTIFI	ICATE	OF	DEATH
---------	------	-------------	-------	----	-------

1	County	Somerse	t leld	WITHIN	CORPORA	No. Registration Dist. No. St / Wai
	Length of res	idence in city or town w	here death	occurred_5	Oyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1	2. FULL NA	AL THE	3	ugher		
	(a) Residen	7	108	Illain		St. / Ward.
	(a) nesiden	ice. No		(Usual place	of abode)	St., Ward. If nonresident give city or town and State
	PERSON	NAL AND STAT	ISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX	4. COLOR OR RACE		SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (gwrite the word)	21. DATE OF DEATH / 0 90 , 193 7 (Year) (Year)
5a.	If married, widow HUSBANO of (or) WIFE of		ank	Daugh	erty	22. I HEREBY CERTIFY, That I attended deceased fro
6	DATE OF RIPTH	(month, day, and year)		6		1 last saw her alive on Lee , 1930; death is sa
	AGE Yea		ls	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:10 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8 Trade profession or particular					Carebral Lemandage ?
000	Date decease this occu	ed last worked at pation (month and		spei	ime (years) nt in this ipation	
12.	BIRTHPLACE (cit (State or cour		<u>Prim</u>	fiold	3	Other Coutributory Causes of importance:
2	13. NAME	Colu	ambas	Lank	ford	
FATHER	14. BIRTHPLACE (State or		Gar:	1. 1	d	Name of operation Date of
23	15. MAIDEN NA	ME Clen	lent:	ine Di	20	What test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (State or	(city or town)country)	323		i i i	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17.	INFORMANT (Address)	T. ni. 1.,	e1	t-j	2.2 1.3	(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place	ION, OR REMOVAL	Jamo	ate Oct	00 ,19 05	Manner of injury
19.	UNDERTAKER(Address)	John a	Brill	ades	aw	24. Was disease or injury in any way related to occupation of deceased?
20.	FILEDOUT.	23,1932	c	EC	Registrar.	(Signed) Sile les tours M. I (Address) Cris Jue 28, Kul -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nuining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis :	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. PHYSICIANS should state Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1	. PLACE OF DEATH	<u> </u>	
	County Inwest	Registration Dist. No. 270	
	Village or City Walton' RD	No. St., Ward	
	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.	
	FULL NAME Emma 7 Gumby		
	(a) Residence: No. marron ma	St. Ward.	
,000,000	(Usual place of abode)	If nonresident give city or town and State	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
-	undowed	(Month) (Day) (Year)	
Ja.	If married, widowed, or divorced HUSBAND of (or) WIFE of Class Gumby	22. I HEREBY CERTIFY, Thet I attended deceased from	n
		Olf 25 ,1932, to Oct 31 ,1932	
-	DATE OF BIRTH (month, day, and year) 11 1832	I last saw h less alive on Osf 31, 1932; death is said	j
7	AGE Years Month's Days If LESS than 1 day,	to have occurred on the date stated above, at	
-	ormin.	were as follows: , A D Date of onset	
ON	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bonda Relation 253	2
OCCUPATION	9. Industry or business in which	- Wilman Co. Viguento Will	
CO	SAW MILL, BANK, etc.		
ŏ	10. Date deceased last worked at this occupation (month and Oct 132 spent in this 60 year)		
	your,	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)	Clima dut respecto	
2	13, NAME Alessy Laulaha &	Clima mipoladita	
FATHER	14. BIRTHPLACE (city or town) DR. A	Name of operation Date of	-
F	(State or country)	What test confirmed diagnosis? Was there an autopsy?	
IER	15. MAIDEN NAME marlby Rigen	23. If deeth was due to external causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, f9	
Σ	(State or country)	Where did injury occur? (Specify city or town, county and State)	
17.	(Addros), marron: 200	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Chills Churchyofte 17/2, 1937	Nature of injury	
f 9.	UNDERTAKER John Grisfield Mid	24. Was disease or injury in any wey related to occupation of deceased?	-
20.	FILED 17/2 , 13 Variles Progresson	(Signed) Survey Consulture M. D. (Address) may a make many makes	
	12/2/32 If more blanks are needed, distress state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	HER STATEMEN	TS BY	PHYSICIAN
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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20
County Omerst WITHIN CORPORAT	E. LIMITS Registration Dist. No. 265
Village or City Crofuld	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Unna Handy	
(a) Residence: No. Pofus (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Qct 31 ,193 7 (Month) (Day) (Year)
5a. If married, widowed, or disorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1932, to Gel. 3) 1932
6. DATE OF BIRTH (month, day, end year)	I last saw her alive on Oct. 1932; death is said
7. AGE Years Months Oays If LESS than 1 day,	were as failure.
8. Trade, profession, or particular kind of work done, as SPINNER, Owater Shudan	Brownial asthua 3 40. %
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date descend last worked at this occupation (month and	abesity
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town)	Other Coutributory Canees of importance:
13. NAME Unfanour	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of What test confirmed diagnosis?
15. MAIDEN NAME Unbrown	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury, 19 Where did injury occur?
17. INFORMANT Am. Handy (Address) Cristill ma	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lawsonia Com Date Nov 2 ,1932	Manner of Injury
19. UNDERTAKER John a Bradshan (Address) Cusfield and	24. Was disease or injury in any way related to occupation of deceased? LO
20. FILED NOV. 2, 132 CE Colley Registrar.	(Signed) Sarah W. Payton M. D. (Address) Crishald Wild
	2411 N. Charles Street Baltimore, Requesting 71 N. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11105
1. PLACE OF DEATH	46,
County opillesety	Registration Dist. No. 262
Village or City to course lety	No. 8 1 War
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of residence in city of town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrsmos d
2. FULL NAMÉ // COMPANY	HOURES
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Oct 13 , 1932
5a. If married, widowell or divorced	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Julia 80-000	Sefit 1982 10 Ott 13 193
5. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19. death is se
AGE Years Months Days If LESS than	to have occurred on the date staled above, at 120 1 m.
48 4 // 1 day, hrs. or min,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular hind of work done as SPINNER 7/	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Conscious of laceros
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year)	
Ballen	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	,
The second second	Bilderales 14
14. BIRTHPLACE (city or town)	Name of operation. The Date of Date of
3027	What test confirmed diegnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Double of ge	Accident, suicide, or homicide?
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Sylla Hagriga	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Company of Removal	
Hotpices Harrie Date 15/6-1932	Menner of injury
11- 1)	Nature of injury
19. UNDERTAKER & TUDE! Delileson	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Proposed leity my	If so, specify
20. FILED Oct. 16, 1932 Samuel Scott	(Signed)
Registrar.	(Address)

CTATE OF MADVI AND

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	Registration	Dist. No.	68
No f death occurred in a hospital or instit	tution sina ita NAMI	St.,	Ward
ds. How long in U.S. if			
St., Ward.			
Ot., ************************************	If nonresident	give city or town a	nd State
	CERTIFICATE	OF DEATH	
21. DATE OF DEATH	OCT 1	4 1932	, 193
-	(Month)	(Day)	(Year)
22. OOJ HEREB	YCERTIF	Y. That I attende	ed deceased from
UCI 14 19:	3.7 , to	annichana.	, 19
I last saw h alive on	12 OCT 1	4 1932	; death is said
to have occurred on the date sta	104 00010, 81		
The PRINCIPAL CAUSE OF DEA		- mine	Date of onset
Wild in	n liters	D- J.	
BANA	1 xu	fenous	G-
00000			
Other Contributory Causes of imp	nortanea:		
Other Contributory Causes of him			
Name of operation		Date of	
What test confirmed diegnosis?		Wes there a	n autopsy?
23. If death was due to external co	auses (VIOLENCE) fi	Il in also the follow	ing:
Accident, suicide, or homicide?		Date of injury	, 19
Where did Injury occur?	(Specify city or	town, county and S	itate)
Specify whether Injury occurred	in INDUSTRY, in HO	OME, or in PUBLIC	PLACE.
			··
Menner of injury			
Nature of injury			
24. Wes disease er injury in any	way related to occup	pation of deceased?	
(Signed)	1)1101	repr	M D
0			
(Address)	FANCE	V. I D. III.	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	1110"
county Somerall.	Registration Dist. No. 260
Village or City Process auce md.	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	os, ds. How long in U.S. if of foreign birth? yrs mos, ds.
2. FULL NAME I enry &. Howar	A
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY, That I atlended deceased from
(or) WIFE of & mma Howard	22. HEREBY CERTIFY, That I atlended deceased from
6 DATE OF RIRTH (month day and year) Mass, 10, 18 71	I last saw h. alive on, 19; death is said
6. DATE OF BIRTH (month, day, and year) / 0 / 7 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
I day,his	
6 1 or min.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer	B
SAWYER, BOOKKEEPER, etc.	Tronella vinnuonia
work was done, as SILK MILL, SAW MILL, BANK, etc.	411 - 620 1919.32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month-end of a spanlin this) occupation occupation.	()
	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-aculi arthreles
IS. NAME U. Howard	
H 10. Holle	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
I 15. MAIDEN NAME Margaret Cemona	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Margaret Clemons 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country) / Carry Lang.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Tolyo Kerma Howard.	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Duners were May land	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 193	Nature of injury
19. UNDERTAKER IN L. Walant & ono	24. Was disease er injury in any way related to occupation of deceased?
(Addiess) when anne Ma.	If so, specify
20 FILED (C+ 22 1932 I) Amith	(Signed) M. D.
20, FILED LD Registrar.	(Address) Senses Oum had

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

è

MOTHER FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11198
1. PLACE OF DEATH	(j3l)
county Jomerset	Registration Dist. No. 270
Village of City (Liftigld) ma	No. St., Ward
(If Length of residence in city or town where dealy occurred 4 Q yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mm. H. Johnson	
(a) Residence: No. 600 Felt 300	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Cadda John Son	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lec 20 1860	last saw h Levy alive on Cont. 18 19 3 2 death is said
6. DATE OF BIRTII (month, day, and year) 2 2 0 / Y 6 0 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 30 A m
7/ 10 18 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER. Farmer	acreelle telepletion 1930
Andustry or business in which work was done, as SILK MILL,	arleri to clarosis
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Jundustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation.	Chronic Regular 1930.
12. BIRTHPLACE (city or town) Jonner Jet County (State or country)	Dther Contributory Causes of importance:
A	
E O Par in tour	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lipporia Taylor 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs Raiph 2 on 9 (Address) Cristing of mal	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place tivate com Date Oct 20, 193~	Manner of injury
19. UNDERTAKER John a Bradslow (Address) Cartello and	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Oct. 20, 19 32 CEcolling Registrar.	(Signed) Larole Us. Pery ton M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		RECEIVED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			F	

ADDITIONAL SPACE	FOR FURT	HER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIF	ICATE OF DEATH	11199
ATH	— (183)	A /

1. PLACE OF DEATH	183
County Somuser	Registration Dist. No. 2 65
Village or City Confueld	NoSt.,Wai
	If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. H of foreign birth? yrs. mos. ds.
(11/10/15)	is now long in 0.5.11 of foreign pitting yrs
2. FULL NAME TO TO THE	N CORPORATE LIMITS OF
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Megro OR DIVORCED (write the word)	Ver 15 - 193 Z
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
- Common	, 19, to, 19, 19
5. DATE OF BIRTH (month, day, and year)	I last saw h; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Celant 38	the follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one
SAWYER, BOOKKEEPER, etc.	accidentally matter
9. Industry or business in which work was done, as SILK MILL.	overboarte vilile
SAW MILL, BANK, etc	Interested.
Spell III (1113	Grawned in Confield
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	De dond le Caranta
(State or country)	Wineard by the street
13. NAME	to mobile y assumation
14. BIRTHPLACE (city or town)	Name of operation ON CEN 16-3 C Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 7.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accident Date of injury ask 18, 19 3
(State or country)	Where did injury occur?
17, INFORMANT Change	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL . Company of 10 2 2	Manner of injury
Place of Gustoner Date 19 4 8,1932	Nature of injury
John all all	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address) (Address)	If so, specify
1001015 77	(Signed) le 6 leuling M.
20. FILED WAY 1/0, 19 7 1 AL Q Q CCC. Registrar.	(Address) leadell

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bahimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	H.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		-4VI302.		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

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STATE OF MARYLAND—	
County Donnest	Registration Dist. No. 261
Village or City Tuesson	No. St., Ward
(1	If death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME Sherman James Anex	
(a) Residence: No. 21101111 The (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH Oct 20 193 2 (Year)
HUSBAND of Corp WIFE of Clue'd	22. I HEREBY CERTIFY, That I attended deceased from Oct 15 ,1932, to Oct 20 ,1932
6. DATE OF BIRTH (month, day, and year) uly 27 / 429	I last saw have alive on Oct 18, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, CLUB SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and sent in this occupa	acul Del J Hend
12. BIRTHPLACE (city or town) DOWN (State or country)	Other Centributary Causes of importance: - Dinicles Cinemans
13. NAME Sherman from 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME S(ILA) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR BEMOVAL Place Successive cureterpate 10/21, 1937	Manner of injury Nature of injury
19. UNDERTAKER Chas Ambrang Marions Marions	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)
20. FILED / / /), 193 V Churella / o, facusou	(Address) Marin M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. A PERMANEN FOR BINDING TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS MARGIN RESERVED -WRITE PLAINLY, V. S. No. 1 B.1

2. FULL NAME	STATE OF MARYLAND-	CERTIFICATE OF DEATH 1120)1
Village or City Ctisfield No. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. (If death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) death occurred in a horpital or institution, give in NAME instead of storet and number) SEX A. COLOR OR RACE S. SINCLE MARRIED, WIDOWSD. S. SINCLE MARRIED, WIDOWSD. Gravite the word) S. SINCLE MARRIED, WIDOWSD. Gravite the word) S. INCLE MARRIED, WIDOWSD. Gravite the word) S. INCLE MARRIED, WIDOWSD. Gravite the word of current the word) S. SINCLE MARRIED, WIDOWSD. Gravite the word of current the word) S. SINCLE MARRIED, WIDOWSD. Gravite the word of current the word of current the word) S. SINCLE MARRIED, WIDOWSD. Gravite the word of current the word of current the word of word downed. HUBSANO of Only In Created the word of the date stated above, at 10 3 00 mm. In the conception (month and or profession or particular the word on as SININGE, not only only only only only only only only	1. PLACE OF DEATH	(P)	
Village or City. Ctiffeld No. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. (a) Residence: No. No. 12. FULL NAME A. P PLA A 19 gove 13. SEX (a) Residence: No. No. 14. The PROPERTY of the A 19 gove (b) Checardy (c) Residence: No. No. 15. Moving in V.S. It of foreign birth? 16. St., Ward. 17. Ward. 18. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR PYORCED (curret the word) S. 19 gove 19 gove 19 gove 10. DATE OF DEATH A. COLOR OR RACE No. No. 19 gove 10. DATE OF DEATH A. Color OR RACE No. No. 10. 11. Tobal time (years) Sold of work dome, as SPINRER, On On the Sold of the date stated above, at A. 2.00m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. STATED, profession, or particular Sind of work dome, as SPINRER, On On the Sold of the date stated above, at A. 2.00m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. STATED, profession, or particular Sind of work dome, as SPINRER, On On the Sold of the date stated above, at A. 2.00m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. STATED, profession, or particular Sind of work dome, as SPINRER, On On the Sold of the date stated above, at A. 2.00m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. STATED, profession, or particular Sold or country) 13. NAME 14. Date of ceased last worked at spin or the date stated above, at A. 2.00m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Sold or country) 13. NAME 14. Date of ceased last worked at spin or the date stated above, at A. 2.00m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Sold or country) 13. NAME 14. Date of the date stated above, at A. 2.00m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Sold or country 13. NAME 14. State or country 15. Malors or country	County Somerset	Registration Dist. No. 27	0
Clienth of residence in city or town where death occurred yes. Incompanies of street and number) 2. FULL NAME (a) Residence: No. No. 16	Village or City Chisfield	A CONTRACTOR OF THE CONTRACTOR	Word
2. FULL NAME. ## An Steek ## A	()	If death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
(a) Residence: No. Maring the Control of St., Ward. (Charaphece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sh. If married, widowed, or divorced flusshood of Control of Sh. If warried, widowed, or divorced flusshood of Control	7-2 -2 /1/1220		s. ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (waite the word) S. DATE OF DEATH 21. DATE OF DEATH C. (Month) Solvent Covered (worth) Itelas saw h. alive on 10 have occurred on the date stated above, at. 10.30 Mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date clause What Lead Covered (worth) Solvent Covered (worth) Itelas saw h. alive on 10 have occurred on the date stated above, at. 10.30 Mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date clause Solvent Covered (worth) Solvent Covered (worth)	(a) Residence: No. Mariner Road	St., Ward.	State
So. If married, widowed, or divorced HUSBARD (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Day) (Year) 50. If married, widowed, or divorced HUSBARD (Month) (Month) (Day) (Year) (Partied HUSBARD) (Month) (Day) (Year) (Year) (Partied HUSBARD) (Not work on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated above, at /0.30/m. The partied on the date stated ab			
55. If married, widowed, or divorced HUSBANO of (or) WIFE of OOTE 122. I HEREBY CERTIFY, That I attended decessed from the date stated above, at 19 to	OR DIVORCED (write the word)	Oct 4	
6. DATE OF BIRTH (month, day, and year) (NV9 23 / 132 7. AGE Years Months Days If LESS than 1 day, hts. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date elense SAWYER, BOOKKEPER, etc. SINUTE, BOOKKEPER, etc. SINUTE	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		111.00
7. AGE Years Months Jays John J		, 19, to	, 19
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and years) spent in this "occupation (month and years)" occupation (month and years) (Slate or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Place 10. Place or country or or in PUBLIC PLACE. Manner of injury Manner of injury Mature of injury	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place (Fig. 1 and 1 a	/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Other Coutributory Causes of importance: Other Coutr	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coliti	Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Other Coutributory Causes of importance: Other Coutr	Industry or business in which	10	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 17. INFORMATION (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Action of injury Place 19. Action of injury Place 19. Action of injury Nature of injury	Spellt III this	no physician in	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (ACCOUNTY) 19. Mame of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury	1:06:000	Other Contributory Causes of importance:	
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15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (ACCOUNTY) 19. Country 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury	14. BIRTHPLACE (city or town) Harwood (State or country) Va		
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. Accident, suicide, or homicide? Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury	15. MAIDEN NAME Virginia Me Cready		topsy:
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Fig. 1) Date (Fig. 1) Nature of injury Nature of injury	16. BIRTHPLACE (city or town) Crisfield	Accident, suicide, or homicide? Date of injury	, 19
Place (victiend (r)) Date Oct 5 ,1932 Nature of injury		(Specify city or town, county and State)	CE.
John a Brada to	18. BURIAL, CREMATION, OR REMOVAL		
(Address) Cofuld and If so, specify	19 UNDERTAKER John a Brodston (Address) Chief and	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Oct. 5, 1932 CE college (Signed) Le le dealing M. I	20. FILED Oct. 5 1932 E Ecollina	(Signed) Le le lealling	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Jefenth of him

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	i _i	· Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSVISORS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

Date of onset

Data of

Other Contributory Causes of importance

23. If death was dua to external causes (VIDLENCE) fill in also the following

Accident, suicide, or homicide?_____ Data of injury___

Whera did injury occur?_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

(Address)

24. Was disease or injury in any way related to occupation of deceased?.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 wear

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11203
1. PLACE OF DEATH	92-02
county, somessel	Registration Dist. No. 270
Village or City Crestical Mol.	No. St., Ward
Length of residence in city or townwhere death occurred 20 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
Kanno VIII.	II Meason
2. FULL NAME TRANSPORTER	To Hand
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprite the word)	21. DATE OF DEATH (Month) (Year)
isa. If married, widowed, or divorced , , , , , , , , , , , , , , , , , , ,	
HUSBAND of Cor) WIFE of Tellie Means	22. I HEREBY CERTIFY That attended deceased from 1932, to 1932
5. DATE OF BIRTH (month, day, and year) Macok yen 1888	I last saw h. Au alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. 274m
77 2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, Off Slewant and SAWYER, BOOKKEEPER, etc.	1 bill out 9
9. Industry or business in which	Julius Mars
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occuration (month and sand in this seant in this	Chiote .
10. Date deceased last worked et this occupation (month and year) spart in this occupation.	Coronary seleron
) veal)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	· · · · · · · · · · · · · · · · · · ·
13. NAME Edward A. Mears,	
14. BIRTHPLACE (city or town). accordace Co. st.	Name of operation
14. BIRTHPLACE (city or town). Use of the Constant (State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Hallie Harrow	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) accompgance (Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sulie Means (Address) Cristial Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Usburg Lessgerg Date Ver (12., 1932	Nature of injury
19. UNDERTAKER Si Laurella And	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Out. 12, 1932 ZE Colle. Registrar.	(Signed) Kelias, T. Feliwalla M. D. (Address) Corinfied
If more blanks are needed, address State Registra	er, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSELE V Bu			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11204
1. PLACE OF DEATH	(45)
County Opening	Registration Dist. No. 270
Village or City Company	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 22 yrs,mos.	
2. FULL NAME Granfield Scott	Nelson
(a) Residence: No. h) annus / a a d (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 23 193 2
5a. If married, widowed, ordivorced	(Month) (Day) (Year)
HUSBAND OF Marion nelson	22. I HEREBY CERTIFY, That I attended deceased from 1931, to Oct 23 1922
6. DATE OF BIRTH (month, day, and year) Oct 5 1840	I last saw h alive on Oof 22, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 0 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cech Del of Heat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this corruption (month and	
Q Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Curfield and	Other Contributory Caneco of importance:
(State or country) Z	suls mehatices of the
13. NAME Lacarah Nelson 14. BIRTHPLACE (city or town)	ana Luys.
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Lescop Was there an autopsy?
15. MAIDEN NAME Mary Mc Cready 16. BIRTHPLACE (city or town) Crifuld	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Mis of fir I all all (Address) Curfield and	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 11 Um Date 09 26 , 19 2 2	Nature of injury
19. UNDERTAKER TOM (13 radston) (Address)	24. Was disease or injury in any way related to occupation of deceased?
1 + 11 2	If so, specify (Signed): Single Couldman M. D.
20. FILEO Registrar.	(Signed) MASSAM M. D.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	Y PHYSICIAN	ſ
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MARGIN RESERVED FOR BINDING

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT-RECORD. Every item of infor-	mation should-be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ERMANENT REC	EXACTLY. I	classified. Exa	e.
[IS IS A P]	be stated	be properly	of certificat
DING INK-TH	I. AGE should 1	so that it may l	uctions on back
Y, WITH UNFA	carefully supplied	'H in plain terms,	ortant. See instri
WRITE PLAINL	ation should-be	AUSE OF DEAT	ION is very impe

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County > Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred.... mos.____ ds. How long in U.S. if of foreign birth?_____yrs.____ mos.__ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gurite the word) 5a. If married, widowed, or divorced **HUSBAND** of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at 6 Days 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ormin. were as follows: Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ___ Other Cootribotory Caoses of importance 12. BIRTHPLACE (city or town) _____ (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?_. Was there an autopsy?____. 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED_ (Address) Musson Mag

Registrar.

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Example I	i de la companya de l	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DOWNER OF THE PARTY OF THE PART				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

MARGIN RESERVED

V. S. No. 1 B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Somest	Registration Dist. No. 76126
Village or City Westoru	No. St., Ward
1 at a state of the state of th	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Emma Virginia	Pruds
	/
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH
T TV manid	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of July July 2	Oct 1932 to Oct 17 1932
6. DATE OF BIRTH (month, day, and year) May 24 1869	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1230A.m.
63 4 Z3 1day,hr	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Clare Del 7 / Year Date of onset
SAWYER, BDDKKEEPER, etc.	Memilia
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (work) and	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) 7 cumwent	Cerebral Harmlung,
(State or country)	- Clima Jut reflectes
13. NAME (Ras. It, Ford) 14. BIRTHPLACE (city or town) + curify	Clime nyrastelas
14. BIRTHPLACE (city or town) — # Current	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Brinksley 16. BIRTHPLACE (city or town) Working time	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury, 19
Dr. Mac. Bittil	(Specify eity or lown, county and State)
17. INFORMANT And I William on a langer	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tambuffen Date Uct / 8, 193;	
19. UNDERTAKER John a Bradslan	24. Was disease or injury in any way related to occupation of deceased?
(Address) length and	If so, specify
20. FILED 10/18 193 Herrelia Po facus or	(Signet) houge Dellums M. D
Registrar.	(Address) murum and
If more blanks are needed, address State Registra	T, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1 Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 wear

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Example I				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
•				
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5 , 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

should state frem of infor-Exact statement of OCCUPA-PHYSICIANS RECORD, Every stated EXACTLY. IS A PERMANENT properly classified. FOR BINDING certificate. WITH UNFADING INK-THIS MARGIN RESERVED be AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE

V. S. No.

STATE C	F MARYLAND—	CERTIFICATE OF DEATH	208.			
1. PLACE OF DEATH		(46)	6			
County Somerset		Registration Dist. No.	PU			
Village or City Princess		No. St., Ward (If death occurred in a bospital or institution, give its NAME instead of street and number)				
Length of residence in city or town where o		ds. How long in U.S. if of foreign birth?mo				
2. FULL NAME Joseph	W.Reid					
(a) Residence: No.		St., Ward.				
PEDSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and	State			
PERSONAL AND STATISTI 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH				
Male White	OR DIVORGED (Territathe word)	0 + 1	, 193 2 (Year)			
	ance Lay field Sept 24, 1845	June 1, 19 32 to October 2 Ilast saw h_im alive on October 2, 19 32	, , 1932			
7. AGE Years Months O	8 If LESS than 1 day hrs. or rain.	to have occurred on the date stated above, at. 2 • 35 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and	Farmer	Carcinoma of Stomach	?			
year)	spent in this occupation	Other Contributory Canses of importance:				
(State or country)	Jersey					
13. NAME John Reid						
14. BIRTHPLACE (city or town) New J	ersey	Name of operation Date of What test confirmed diagnosis? Was there on a	utanev?			
15. MAIOEN NAME Fliza Han 16. BIRTHPLACE (city or town) New (State or country) 17. INFORMANT Mrs. Emma Gal	Jersey	23. If death was due to extarnal causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19			
(Address) Prince: 18. BURIAL, CREMATION, OR REMOVAL Place	ss Anne, Md. Date O 2 4 , 19 32	Manner of injury				
19. UNOERTAKER Address) 20. FILED O. J., 1932	Canith Rosinar	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Princess Anne, Md.	NO M. O			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

ż

			OF MAR	YLAND-	CERTIFICATE OF DEATH	209		
	. PLACE OF DEA	merset			99	11		
	County				Registration Dist. No.	6/		
	Village or City	3.017	0.04	- a	No. St.,	Ward		
	Length of residence in c	ity or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	sds.		
2	. FULL NAME	ians	l Jeltze	T				
	(a) Residence: No				St., Ward.			
	DEBCONAL AL	ID 0= 1=:0=	(Usual place	(If death occurred in a horpital or institution, give its NAME instead of street and number of the part of the par	State			
3		OR OR RACE	1		ED. 21. DATE OF DEATH			
	Nemala	Viilto			Oet 27	193.2- (Yeer)		
58.	If married, widowed, or divi HUSBAND of (or) WIFE of	orced	_ Seltr	67				
6.	DATE OF BIRTH (month, da	y, end year)	June 18	1.852				
7.	AGE Years	Months	Days		to have occurred on the dete stated above, at 10,10 Pm.			
	8:0	1	9		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset		
NO	8. Trade, profession, or p kind of work done, SAWYER, BOOKKE	articular as SPINNER,	Sattens		Longrene	Unite of onset		
6. D 7. A	9 Industry or business in work was done, as	n which SILK MILL.		************	V			
ט ט	SAW MILL, BANK, 10. Date deceased last wo	etc	11 Total ti					
ō	this occupation (mo	nth and	spen occu	tin this				
12.	BIRTHPLACE (city or town) (State or country)	7.1				~~~~~		
2	13. NAME	John T	Sotrler					
ATH	14. BIRTHPLACE (city or to	own)	Wilmingt	00	Name of operation			
-	(State or country)			2/2/1		foney?		
HE K	15. MAIDEN NAME	2711	- hath			0,000		
Z C	16. BIRTHPLACE (city or to (State or country)	own)			Accident, suicide, or homicide? Date of injury	, 19		
17.	INFORMANT (Address)		a Seltza		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.		
18.	BURIAL, CREMATION, OR R	REMOVAL.			Manner of injury			
	Place	····	Date		Nature of injury	****		
19.	UNDERTAKER Address)	grafi	rador	in (24. Was disease or injury in any way related to occupation of deceased?			
20.	FILED 10/30	1.37 Gur	elia 12.	Registrar.	(Signed) A alixander Ross (Address) Charfaeld My	еМ. D.		
		If more	blanks are needed, an	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state

260

Registration Dist. No

ÖK	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
mos.	
	Shores
با	ordt., Ward.
J	If nonresident give city or town and State
_	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH (Month) (Day) (Year)
	1 HEREBY CERTIFY. That attended deceased from 1932, to OCK, 3CT, 1932 (last saw h. 1 M alive on CCL), 28, 1932, death is said
	to have occurred on the date stated above, at 12 15 .m.
15.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Rhussulie Fiver Date of onset
	Other Contributory Causes of importance:
	st. Calolilis
0.4	in yuguluus
2	
	Name of operation
	What test confirmed diagnosis?
4	23. If death was due to external causes (VfOL ENCE) fill in also tha following: Accident, sulcida, or fromiciae?
	Accident, sulcida, or fomicige? Date of injury
	Specify city or town, county and State) Specify whether Injury occurred throughput Information in PUBLIC PLACE.
	Specify whether injury occurred to the control of t
	Manner of injury
2	Nature of injury
	24. Was disease er injury in any way related to occupation of deceased?
	If so, specify
	(Signed) Aten 13 Mulleen. D.
	(Address) A a s Queso

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

20. FILED.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
30 mm 0 % 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ĭ
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH Jonnese	Registration Dist. No. 270
Village or City Bussell, 19. F. D	No. St. War
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME STODELY SKILL	all from the second
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCEO ("write the word)	21. DATE OF DEATH Oct 2 and (Month) (Day)" (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased fro
6. DATE OF BIRTH (month, day, and year) Cles 12 h 1932	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Oays If LESS than 1 day. hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dy Sculery backlory custo. 1 who
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Traves M. Herling	
14. BIRTHPLACE (city or town)	Name of operation Oate of What test confirmed diagnosis? Carried Was there an autopsy?
15. MAIDEN NAME Type Special, 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Isan's It Steeling 1 6	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Family 10 Oate 01, 11, 1932	Manner of injury
19. UNOERTAKER 2. Dawroll (Address) Cripble Ed	24. Was disease or injury in any way related to occupation of deceased? Les
20. FILED Out. 4, 1932 Ecolline Registrar.	(Signed) S. Co. Sey for M. (Address) Crio June S. Lew.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUKEAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	11212
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	1. PLACE OF DEATH	-0-			
	County James 1	P		Registration Dist. No. 262	
	Village or City near	como	lee	No. St	Ward
	Length of residence In city or town where o	leath occurred	(If	f death occurred in a hospital or institution, give its NAME instead of street and number death)
	2. FULL NAME	lorn	Stura	lo	
	(a) Residence: No.			St., Ward.	
Long	PERSONAL AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3.	SEX / 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
	Don't HV.	OR DIVORCE	D (write the word)	OT 26 199	2
5a	If married, widowed, or divorced			(Month) (Day) (Y	ear)
	(or) WIFE of			22. I HEREBY CERTIFY, That I attended decease	ed from
6	DATE OF BIRTH (month, day, and year)	2# 2	6/832	I last saw h alive on A 19 death	
-	AGE Years Months	Days	If LESS than	I last saw h alive on, 19; death to have occurred on the date stated above, atm.	is said
	of the same	-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8. Trade, profession, or particular		1 01	were as follows? Date	ofonset
TIO	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			to letiver bre	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,			to fact Oc-Po-to	
100	SAW MILL, BANK, etc	11. Total ti	me (vears)	to hoteps and	
0	this occupation (month and year)	spar occu	ime (years) ntin this epation	/	
12	BIRTHPLACE (city or town)	0		Other Contributory Causes of importance:	
	(State or country)				
ER	13. NAME Terre	Ilen	513		
FATHER	14. BIRTHPLACE (city or town)	/		Name of operation Date of	
_	(State or country)			What test confirmed diagnosis? Was there an au'opsy!	
OTHER	15. MAIOEN NAME Berne G	Here	23	23. If death was due to external causes (VIOLENCE) fill in also the following:	
NOT	16. BIRTHPLACE (city or town)	r 02		Accident, suicide, or homicide? Date of injury, 15	
_	(State or country)	11		Where did injury occur? (Specify city or town, county and State)	
17.	. INFORMANT (Address)	Here	tuel	Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Red Bank. Virginia Place Northampton Co. 0ateOct. 27					
-	Place 1.01 diramp to 11 CO.	-OateOct-2	271932	Nature of injury	
19.	19. UNOERTAKER			24. Was disease or injury in any way related to occupation of deceased?	
-	(Address)	1/ 1	7	If so, specify	
20.	FILED Wet 27, 19 Dame	rel DC	sll	(Signed)	_M. D.
	If were I	danke and model .	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY,

ż

	County - valles	
	Will	Registration Dist. No. / 19
	Village or City ONASASM (If	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2	2. FULL NAME Mellis to I sel	
	(a) Residence: No. morron morron	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
9 (PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
7	level blue OR DIVORCED (write the word)	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Cugeur Tuch.	22. I HEREBY CERTIFY. That I attended deceased f
e 1	DATE OF BIRTH (month, day, and year) July 13. 1866	I last saw h & alive on Oel 80 , 1982 death is
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at m.
	66 3 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z	8. Trade, profession, or particular	Date of or
PATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dealiles Coma. Of 2
JPA	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
OCCO	10. Date deceased last worked at this occupation (month and 192) spent in this year)	
	2-0	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) (State or country)	Olisane del regliste
ER	13. NAME Edund & Adoms	Dealer melalus.
ATH	14. BIRTHPLACE (city or town)	Name of operation Date of Date of
E	(State or country)	What test confirmed diagnosis?
HER	15. MAIDEN NAME Excely Vouell	23. If death was dua to external causes (VIOLENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	Where did injury occur?
17.	INFORMANT Eugen Tuel. (Address) marin mis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Lynn, 1931	Nature of Injury
19.	UNDERTAKER PRINTS OF THE CONTROL COLLEGE OF THE COL	24. Was disease or Injury in any way related to occupation of deceased?
20	FILED 1931 193 Churchy Potacoco	(Signed) Lenge Coullain
200	Registrar.	(Address) massm. 252

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DE	ATH			(48)
County Some	erset	******		Registration Dist. N
Village or City	Costen	Station	1	No. f death occurred in a horpital or institution, give its NAME instead
Length of residence i	n city or town where	death occurred	(I yrs,mo:	f death occurred in a hospital or institution, give its NAME instead sds. How long in U.S. if of foreign birth?
2. FULL NAME	Clara V	onSick		
(a) Residence: No				St Ward.
			e of abode)	
	AND STATIST	1		MEDICAL CERTIFICATE OF
Female 4. co	White	or Divorci	RRIED, WIDOWED, ED.(write the word) C1 e d.	21. DATE OF DEATH October 30 (Month)
5a. If married, widowed, or HUSBAND of Ga;		VonSick		22. I HEREBY CERTIFY, That October 5, 19 32, to Octob
6. DATE OF BIRTH (month,	day, and year) M	arch 7th	1.1876.	I tast saw h er alive on October 29
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at • 00 Am
56	7	23	l day,hrs.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property).			Uterine Carcinona	
10. Date deceased last this occupation (year)	worked at month and	Spe Spe	time (years) ent in this upation	
12. BIRTHPLACE (city or to (State or country)	RTHPLACE (city or town) Metamora			Other Coatributory Causes of importance: Hemorrage
TI 13. NAME Vi	ctor Bur	o.		
14. BIRTHPLACE (city or town) (State or country) Germany			Name of operation	
			23. If death was due to external causes (VIOLENCE) fill in also	
15. MAIDEN NAME Mary Schmidt 16. BIRTHPLACE (city or town) Metamora (State or country) Ohio			Accident, suicide, or homicide? Date of	
17. INFORMANT Gayhart VonSick (Address R. F. D. 1 Pocomoke City, Md.			(Specify city or town, c Specify whether injury occurred in INDUSTRY, in HOME, or	
18. BURIAL, CREMATION, O	R REMOVAL			Manner of Injury
19. UNDERTAKEN COMORE City Naryland			24. Was disease or injury In any way related to occupation of	

20. FILED NOV. 1 , 13 Samuel

11214

	Registra	tion Dist. No	
	epitat or institution, give its N ng in U.S. if of foreign birth		
St.,		ident give city or town	and State
ME	DICAL CERTIFICA	ATE OF DEATH	H
21. DATE OF			
	October (Month)	30th (Day)	, 193_ 2 (Year)
22. I H	EREBY CERT	IFY, That I atten	ded deceased from
	5, 19 32, to		
	alive on Octobe		රි.දි ; death is said
	the date stated above, at		
The PRINCIPAL CA were as follows:	USE OF DEATH and related	causes of importance	Date of onset
Uterine	Carcinona		un nowr
Other Coatributory	Causes of importance:		
Hemorra	ge		
	27		
Name of operation_		Date	
What test confirmed	diagnosis?Clin	ical - Was there	an autopsy? nc
23. If death was due to	to external causes (VIOLENC	(E) fill in also the follo	wing:
Accident, suicide, or	homicide?	Date of injury	, 19
Where did injury oc	cur?		
Specify whether inju	ury occurred in INDUSTRY, i	ity or town, county and in HOME, or in PUBLIC	PLACE.
Manner of injury			
Nature of injury			
	jury in any way related to o	annuation of door	No.
If so, specify	1	Copation of deceased:	· 14 O
	VIIIIII	The	
(Signed)	1 fill out	35	M. D.
(Addres	y Salisbury	/-,Hary-la	na

Registrar.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 ucar

ADDITIONAL	SDACE E	OD EUDTHED	STATEMENTS	DV	DUVCICIAN
ADDITIONAL	SPACE F	OK FURTHER	STATEMENTS	15 Y	PHISICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

certificate.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

-WRITE PLAINLY.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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- 5	- 2	1	- 9	0 1
A	A	4	Л	5

1. PLACE OF DEATH		
County Somerset		Registration Dist. No. 267
		No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) , los. ds. How long in U.S. if of toreign birth? yrs. mos. ds.
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 5, 193 2 (Month) (Year)
5a. If merried, widowed, or divorced HUSBAND ot (or) WIFE ot		22. 1 HEREBY CERTIFY. That I attended deceased from October 5 19 32 to October 5 19 32
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	October 5, 1932 Days If LESS than 1 day hi or min.	to have occurred on the dete slated above, etm.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and		Fright of mother during electric storm - miscarriage, 2 or 3 mos.
year)	11. Total time (years) spent in this occupation mes Quarter, Md	Other Contributory Causes of importance:
Tal 13. NAME Vaughn Wa		
14. BIRTHPLACE (city or town)	nes Quarter, Md	Neme of operation
15. MAIOEN NAME Olive Bo	ozman nes Quarter, Md	
17. INFORMANT Olive Wallac	e	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Date, 19	Manner of injury
19. UNDERTAKER (Address)		24. Wes disease or injury In any way related to occupation of deceased? If so, specify
20. FILED Oct. 9 , 19 32 W.	S. Kelley Registrar.	(Address) Chance, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1925	Austroenteritis	1 year
		4	

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V. S. No. 1

	ND—CERTIFICATE OF DEATH 11216
1. PLACE OF DEATH	159
County Common Co	Registration Dist. No. 260
Village or City Carl VY Clum	No. St, W (If death occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence In city or town whare death occurredyrs	mos. ds. How long in U.S. if of foreign birth?yrsmos.
2. FULL NAME Gelly J. Norwie	10
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WI OR DIVORCED (write to the strength of the stren	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased f
5. DATE OF BIRTH (month, day, and year) / 1/2 /	I last saw h alive on, 19; death is to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation (coupation)	Benedice birch
12. BIRTHPLACE (city or town) Soft strong (Tope (State orgounty))	Dther Coutributory Causes of Importance:
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Dredred & Wryds 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
Place Ers (1) Change Date 10/18	Manner of injury Nature of injury
19. UNDERTAKER MAJORITHAN STATES AND STATES OF	24. Was disease ar injury in any way related to occupation of deceased?
20. FILED Oct 17, 1932 Thurst	egistrar. (Apdress) Princes Occupy Mr.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAH V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis -	1 year